

# GIC Health Plan Rates – Monthly Rates *as of July 1, 2010*

**For ATHOL-ROYALSTON SCHOOL DISTRICT ENROLLEES**



Commonwealth of Massachusetts  
Group Insurance Commission

**Active Employees, Retirees, and Survivors *WITHOUT* MEDICARE**

*Includes 0.33% Administrative Fee*



	Employee and Non-Medicare Retiree/Survivor Pays Monthly %	Employee and Non-Medicare Retiree/Survivor Pays Monthly \$	Employee and Non-Medicare Retiree/Survivor Pays Monthly \$
HEALTH PLAN		Individual Coverage	Family Coverage
Fallon Community Health Plan Direct Care	20%	\$ 83.25	\$199.79
Fallon Community Health Plan Select Care	20%	99.85	239.65
Harvard Pilgrim Independence Plan	20%	121.00	295.55
Harvard Pilgrim Primary Choice Plan	20%	96.03	234.56
Health New England	20%	83.08	205.94
Tufts Health Plan Navigator	20%	116.36	282.53
Tufts Health Plan Spirit	20%	92.35	224.23
NHP Care ( <i>Neighborhood Health Plan</i> )	20%	82.98	219.87
UniCare State Indemnity Plan/Basic <i>with</i> CIC ( <i>Comprehensive</i> )	20%	161.30	376.59
UniCare State Indemnity Plan/Basic <i>without</i> CIC ( <i>Non-Comprehensive</i> )	20%	153.87	359.35
UniCare State Indemnity Plan/ Community Choice	20%	81.59	195.82
UniCare State Indemnity Plan/PLUS	20%	112.57	268.64

**Retirees and Survivors *WITH* MEDICARE**

	Retirees and Survivor Retiree/Survivor Pays Monthly Per Person	
HEALTH PLAN	%	\$
Fallon Senior Plan*	20%	\$ 45.25
Harvard Pilgrim Medicare Enhance	20%	75.89
Health New England MedPlus	20%	72.67
Tufts Health Plan Medicare Complement	20%	70.38
Tufts Health Plan Medicare Preferred*	20%	44.65
UniCare State Indemnity Plan/Medicare Extension (OME) <i>with</i> CIC ( <i>Comprehensive</i> )	20%	72.65
UniCare State Indemnity Plan/Medicare Extension (OME) <i>without</i> CIC ( <i>Non-Comprehensive</i> )	20%	70.51

\* Rates are subject to federal approval and may change January 1, 2011.

***Rates are Calculated by the Athol-Royalston School District Benefits Office.***

**Rate questions? Call: 1.978.249.2400**